

## TEMPORARY EMPLOYEE PERFORMANCE REPORT

**Employee Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Department/Division:** \_\_\_\_\_

**Total Days Worked:** \_\_\_\_\_ **Date Hired:** \_\_\_\_\_ **Date Terminated:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**For Each Area Listed Below, Check the Appropriate Box:**

	Excellent	Satisfactory	Unsatisfactory
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work cooperatively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree of supervision needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please provide the following additional information:**

**Strengths:** \_\_\_\_\_

\_\_\_\_\_

**Weaknesses:** \_\_\_\_\_

\_\_\_\_\_

**Would you rehire?**    ☐ Yes            ☐ No

**Other Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_